

STATE OF MAINE DEPARTMENT OF PUBLIC SAFETY MAINE EMERGENCY MEDICAL SERVICES 16 EDISON DRIVE AUGUSTA, MAINE 04330



JAY BRADSHAW DIRECTOR

Application and Standards for Use of Epinephrine Autoinjectors By a Maine EMS Licensed Service July 1, 2003

I. Back Ground and Purpose

Effective July 1, 2003, Maine EMS licensed services may apply to Maine EMS for approval to obtain, store and provide for the administration of Adult and Pediatric versions of Epinephrine Autoinjectors (EA) by personnel licensed at or above the EMT-Basic level.

EA are the only devices that will be approved for use by EMT-Basic personnel. Other types of Anaphylaxis Kits (such as the Ana-Kit) are not allowed. Although EMT-Intermediate level and above personnel are currently authorized to administer Epinephrine 1:1,000, they may use EA when done in accordance with protocols already established for Epinephrine administration at those levels and when the advanced EMT has completed Maine EMS approved training in EA administration.

This application packet contains the form that must be completed by the service and signed by pharmacist that will be dispensing the EA and the service's authorized representative.

Information is also included about the requirements for the acquisition, storage and use of EA by the service and its personnel.

II. Acquisition

A service may obtain EA from any licensed pharmacy. The dispensing pharmacist must sign the application indicating that he or she has been presented with a valid prescription for the EA and that the pharmacy agrees to dispense the EA to the service.

The service making application for EA approval must obtain a prescription for the EA from a Maine licensed physician in a form acceptable by the dispensing pharmacy.

III. Storage of EA

A. EA shall be stored in packaging as dispensed by a pharmacy. Labeling shall include the expiration date of the EA.

PHONE: (207) 287-3953 FAX: (207) 287-6251 TTY: (207) 287-3659

- **B.** EA shall be stored in an area that provides for limited access (e.g. jumpkit or cabinet) and climate control. Personnel, especially those who will be carrying EA in jumpkits not stored at the service's base location (e.g., members of non transporting services) must ensure that the provisions of this paragraph are met.
- **C.** Each service that is authorized for EA storage under this standard shall maintain a written policy indicating: the service's EA storage locations; and, personnel authorized by that service to receive, handle, account and administer EA per this standard.

IV. ACCOUNTABILITY

- **A.** A drug log (sample enclosed) for each EA drug storage location, must be kept by the service at its base location, indicating:
 - **1.** Date and time that an EA is received by the service and placed in the service's designated EA storage location(s)
 - **2.** Use and disposal of EA including applicable MEMS patient/run record number.
 - **3.** Legible signature of person making the log entry.
- **B.** To assure that EA have not expired or been tampered with, the integrity of the pharmacy packaging, as approved by the issuing pharmacist, and the expiration date, must be checked at least weekly and recorded in the EA log.
- **C.** The EA log and the service's written policy for EA will be checked at the annual service inspection, or as requested by the Board. An EA log template is included in this packet.

V. PROTOCOL

- **A.** The protocol for administration of a service's EA is:
 - 6. Contact Medical Control to:
 - a. assist administration of the patient's own anaphylaxis kit

or,

b. administer an adult or pediatric (as applicable) Epinephrine Autoinjector if the service is authorized and the personnel so trained.

The above protocol supersedes the protocol found on page Gold 1, paragraph 6 in the July 1, 2002 edition.

B. The administration of EA will recorded on the run report.

VI. PERSONNEL TRAINING

In order for a service to receive authorization from Maine EMS to carry and utilize EA, the service must certify that all personnel who will be administering EA are:

- 1. Maine EMS licensed at or above the EMT-Basic level;
- 2. Have completed, and have written proof of completion, of an EMT-Basic course based on the Department of Transportation's 1994 National Standard Curriculum for EMT-Basic or a course in Epinephrine administration and use of an EA that has been deemed equivalent by Maine EMS (A regionally approved Maine EMS continuing education program that includes the information on EA administration contained in the 1994 National Standard Curriculum for EMT-Basic is considered an equivalent course).

VII. APPLICATION

To apply for authorization to use EA, the authorized service representative of the service making application must complete the attached form, have it signed by a pharmacist who represents the dispensing pharmacy and forward the application form to:

Maine EMS 16 Edison Drive Augusta, ME 04330

Maine EMS will review the application and upon approval, will return a Maine EMS signed copy of the application to the service as proof of authorization.

VIII. QUESTIONS

Questions regarding the EA authorization process may be directed to Drexell White or Dawn Kinney at the Maine EMS office by calling (207) 287-3953.

ABC Rescue Service Medication & Accountability Log

Complete a line whenever any of the following occur:

- 1. Upon receipt or disposal of an Epinephrine Autoinjector (EA).
- 2. Whenever the Autoinjector is checked (minimum weekly check)
- 3. Whenever an Epinephrine Autoinjector is administered

ate:	Time:	EA location (e.g. Rescue 1 jumpkit; John Doe's jumpkit):	EA Exp.Date:	MEMS Run #:	Comments:	License # of person completing Form:	Legible Signature of person completing Form:

Application for Use of Epinephine Autoinjectors By a Maine EMS Licensed Service

Section I – Service Info	ormation		
A. Service Name:	Serv	vice #:	
Mailing Address:			
City:	State: Zip:		FOR OFFICE USE ONLY
Business Telephone	#:		☐ Logged
Section II – License Lo	evel — Please indicate the service level.	ce's current license	☐ Entered ☐ Flagged ☐ Issued
First Responder EMT-Critical Ca	EMT-Basic re Paramedic	EMT-Intermediate	Approved by:
Section III – Service Polevel.	ermit Level – Please indicate t	the service's current permit	
EMT-Basic	EMT-Inter	madiata	Comments:
EMT-Critical Care			
	g Physician Information (Plewho has prescribed Epinephrine		
City:	State:	_Zip:	
•	Information (Please indicate to plying the service with the Epir	<u> </u>	harmacy and the name of
City:	State	7in:	

Pharmacist Certification

As the authorized representative of the above named pharmacy, I hereby certify that the within named Maine licensed EMS service making application for Epinephrine Autoinjector authorization to the Maine EMS Board:

- 1. Has presented me with a valid prescription for Adult and/or Pediatric Epinephrine Autoinjector(s); and
- 2. Will receive Adult and/or Pediatric Epinephrine Autoinjectors from the above named pharmacy, and

Signature of Pharmacist:	Date:						
Printed Name of Pharmacist:	_						
Service Certification							
The							
Signature of Service Director:	Date:						
Printed Name of Service Director:							
Mail the completed application to:							
Maine EMS							

Maine EMS 16 Edison Drive Augusta, ME 04330 207-287-3953